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## BIB DATA SHEET

CONFIRMATION NO. 3789

|  |   |                                   |   |  |
|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/347,390   | <b>FILING or 371(c)<br/>DATE</b><br>07/06/1999  | <b>CLASS</b><br>606               | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET<br/>NO.</b><br>C-06-5 |
| <b>APPLICANTS</b><br>PHILIP E. EGGERS, DUBLIN, OH;<br>HIRA V. THAPLIYAL, LOS ALTOS, CA;  |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/054,660 04/03/1998 ABN<br>which is a CON of 08/753,227 11/22/1996 PAT 5,873,855<br>which is a CIP of 08/562,331 11/22/1995 PAT 5,683,366<br>which is a 371 of PCT/US94/05168 05/10/1994<br>which is a CIP of 07/128,477 10/09/1992 PAT 5,366,443<br>which is a CIP of 07/817,575 01/07/1992 ABN |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>which is a CIP of 07/128,477 10/09/1992 PAT 5,366,443  |   |                                   |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/03/1999 which is a CIP of 07/817,575 01/07/1992 ABN   |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /MICHAEL F<br>Acknowledged PEFLEY/<br>Examiner's Signature  | <input type="checkbox"/> Met after<br>Allowance<br>Initials   | <b>STATE OR<br/>COUNTRY</b><br>OH | <b>SHEETS<br/>DRAWINGS</b><br>21  | <b>TOTAL<br/>CLAIMS</b><br>40            |
| <b>INDEPENDENT<br/>CLAIMS</b><br>3   |   |                                   |   |  |
| <b>ADDRESS</b><br>ARTHROCARE CORPORATION<br>7500 Rialto Boulevard<br>Building Two, Suite 100<br>Austin, TX 78735-8532<br>UNITED STATES   |   |                                   |   |  |
| <b>TITLE</b><br>SYSTEM FOR ELECTROSURGICAL MYOCARDIAL REVASCULARIZATION  |   |                                   |   |  |
| <b>FILING FEE<br/>RECEIVED</b><br>2420   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |